PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 12764424

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OF SMALL ENTITY											
TOTAL CLAIMS			8		·		l	RATE	FEE	1	RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00										
TOTAL CHARGEABLE CLAIMS			δ minus 20=		•			X\$ 9=		OR	X518=											
INDEPENDENT CLAIMS			J m	nus 3 =	• ,			X43=		OR	X86≈											
ML	LTIPLE DEPEN	NDENT CLAIM P	RESENT		•	D		+145=		OR	÷290=											
* If the difference in column 1 is less than zero, enter "0" in column 2							. !	TOTAL		OR	TOTAL	סוד										
(Column 1) (Column 2) (Column 3)							+	SMALL	FNTITY	OR	OTHER SMALL I											
		(Column 1)		HIGH		(Column 3)	1 6	JWALE.		1	0											
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	. 8	Minus	-2	0	= 8		XS 9=		OR	XS18=											
	Independent	. 2	Minus	2	3	-8		X43=		OR	X86=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							۱ ۱	+145=		OR	+290=											
1-1								TOTAL ADDIT, FEE		OR	TOTAL											
									<u></u>		ADDIT. FEE!											
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST																						
AMENOMENT B		CLAIMS REMAINING AFTER AMENOMENT		NUME PREVIO PAID F	BEA	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus	**		=		XS 9≈	3	OR	X\$18=											
	Independent	NTATION OF MU	Minus	400	CL AIAA	=	lſ	X43=		OR	X86=											
	rina) rnese	NIAHON OF MC	ILTIPLE DEF	EIADEIAI	CLAIN		' [+145=		OR	+290=											
								TOTAL	. :	OR	TOTAL											
		10 alicena (1)		(Cal	0\	- a) (0-1, a)		DDIT. FEE			ADDIT. FEE											
		(Column 1)		(Colum		(Column 3)																
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	** '		=		X\$ 9=		OR	X\$18=											
ME	Independent	•	Minus	***	• .	=		X43=			X86=											
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740-		OR	700-											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.																						
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR ,	TOTAL ADDIT, FEE											
									ropriate box		The Highest Number Previously Paid For IN THIS SPACE is less than 20, effer 20. ADDIT. FEE											